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Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY **PATENT APPLICATION TRANSMITTAL**

Attorn	ey Docket No.	
First I		KATHIGEN ANN TUCKER
Title REPORTING		tiated Incluent System ama Method

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Express Mail Label No. ETO4591001549

	TION ELEMENTS eming utility patent application conte		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231					
Fee Transmittal Form (e.g., PTO/SB/17)								
1. Submit an original and a duplicate for fee processing)			CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)					
2. Applicant claims sr See 37 CFR 1.27.	nall entity status.			eotide and/or Amino Aci		ubmission		
Specification	[Total Pages 26]		(if applicable, all necessary)					
3. (preferred arrangement	set forth below)		а	Computer Readable	Form (CRF)			
- Descriptive title	of the invention to Related Applications		b. S	pecification Sequence L	isting on:			
	rding Fed sponsored R & D			i. CD-ROM or	CD-R (2 copie	s); or		
	quence listing, a table,			ii. paper				
or a computer pr - Background of t	ogram listing appendix he Invention		c. [Statements verifying	identity of ab	ove copies		
- Brief Summary	of the Invention		Δ.	CCOMPANYING A	PPI ICATIO	N PARTS		
- Brief Description - Detailed Descrip	n of the Drawings (if filed)			Assignment Papers (
- Claim(s)	vacor i		9.	☐ Assignment Papers (•	Power of		
- Abstract of the I	Disclosure		10	(when there is an as		Attorney		
4. X Drawing(s) (35 U.	S.C. 113) Total Sheets	7,	11.	English Translation	• .	pplicable)		
			12.	Information Disclosu	<u> </u>	Copies of IDS		
5. Oath or Declaration	[Total Pages 2]]	=	Statement (IDS)/PT		☐ Citations		
a. Newly execu	ted (original or copy)		13.	Preliminary Amendr				
b (for continuat	prior application (37 CFR 1.63 (d)) ion/divisional with Box 18 completed	D	14.	Return Receipt Posics (Should be specifical	lly itemized)	ŕ		
	ON OF INVENTOR(S)		15.	Certified Copy of Pri (if foreign priority is	iority Documer	nt(s)		
	ement attached deleting inventor(s) ne prior application, see 37 CFR			Nonpublication Reg				
	and 1.33(b).		16.	(b)(2)(B)(i). Applicar				
6. Application Data Sheet. See 37 CFR 1.76			17.	or its equivalent.				
Application Data Street, See 37 CFX 1.76				Other:	*****************			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,								
or in an Application Data Sheet under 37 CFR 1.76:								
Continuation	Divisional Continuation-in-part	(CIP)	of	prior application No.:	_/			
Prior application information	Examiner	-		Group Art Unit:				
	ONAL APPS only: The entire disclosure the disclosure of the accompanying co							
	relied upon when a portion has been in							
	19. CORRESPO	ONDENC	E ADDF	RESS				
Customer Number or Bar Co	de Label (Insert Customer No. or, All	ach bar cod	e label hen	or 🗶	Correspondence a	ddress below		
Name	KATHLEEN ANN	To	CKER	?				
Address	9555 Whelloc	Ku	ay	•				
City	SAN DIEGO	- 1	ate	CA	Zip Code	92129		
Country	υS	Teleph	one (858-538-6600	Fax	828-838-1100		
Name (Print/Type)	KATHLEEN ANN TUCK	ER	Regis	tration No. (Attorneyl	Agent)			
	Kathleen ann To				000	103/02		
Signature Surden Hour Statement This form	urden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will very depending upon the needs of the individual case. Any comments on							

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision

X Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)	3	7	0

Complete if Known						
Application Number						
Filing Date						
First Named Inventor	KATHLEEN ANN TUCKER					
Examiner Name						
Group Art Unit						
Attorney Docket No.						

METHOD OF PAYMENT (check all that apply) FEE CA					EE CALCULATION (continued)				
Check	Credit card	Other None	3. ADDITIONAL FEES						
	-	Order L	Care None	Large Entity Small Entity					
Deposit A	Account:		 	Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Account				Code	(\$)	Cod	e (\$)	ree Description	
Number L Deposit				105	130	205	65	Surcharge - late filing fee or oath	
Account Name				127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
		zed to: (check all th		139	130	139	130	Non-English specification	
	s) indicated belo		any overpayments	147	2,520	147	2,520	For filing a request for ex parte reexamination	
		- ,	cy of this application	112	920*	112	920*	Requesting publication of SIR prior to	
to the above ide		ow, except for the i	iling fee					Examiner action	
to the above to		LCULATION		113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
1. BASIC FI				115	110	215	55	Extension for reply within first month	
Large Entity				116	400	216	200	Extension for reply within second month	
Fee Fee Code (\$)	Fee Fee Code (\$)	Fee Description	Fee Paid	117	920	217	460	Extension for reply within third month	
101 740	201 370	Utility filing fee		118	1,440	218	720	Extension for reply within fourth month	
106 330	206 165	Design filing fee	370	128	1,960	228	980	Extension for reply within fifth month	
107 510	207 255	Plant filing fee		119	320	219	160	Notice of Appeal	
108 740	208 370	Reissue filing fee		120	320	220	160	Filing a brief in support of an appeal	
114 160	214 80	Provisional filing fe	e []	121	280	221	140	Request for oral hearing	
•	s	UBTOTAL (1)	\$) 370		1,510	ł	1,510	Petition to institute a public use proceeding	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				140	110	240	55	Petition to revive - unavoidable	
Z. EXTRA C		Fe	e from		1,280	241	640	Petition to revive - unintentional	
Total Claims	-20**		elow Fee Paid	142	1,280 460	242	640 230	Utility issue fee (or reissue) Design issue fee	
Independent	- 3**		=======================================	143	620	244	310	Plant issue fee	
Claims Multiple Depen	dent			122	130	122	130	Petitions to the Commissioner	
, ,		L		123	50	123	50	Processing fee under 37 CFR 1.17(q)	
Large Entity	Small Entity			126	180	126	180	Submission of Information Disclosure Stmt	
Fee Fee Code (\$)	Fee Fee Code (\$)	Fee Descriptio	<u>n</u>			į .			
103 18	203 9	Claims in excess	of 20	581	40	581	40	Recording each patent assignment per property (times number of properties)	
102 84	202 42	Independent claim	s in excess of 3	146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
104 280	204 140		nt claim, if not paid	149	740	249	370	For each additional invention to be	
109 84	209 42	** Reissue indepe over original pa			1.40		5.0	examined (37 CFR § 1.129(b))	
110 18	210 9	** Reissue claims		179	740	279	370	Request for Continued Examination (RCE)	
·		and over origina	ni patent	169	900	169	900	Request for expedited examination of a design application	
	SUB	TOTAL (2)	(\$) Ø	Other	fee (s	pecify)		
**or number	previously paid	, if greater; For Reis	sues, see above	*Red	uceđ b	y Basi	c Filing	Fee Paid SUBTOTAL (3) (\$)	6

SUBMITTED BY Complete (if applicable)						
Name (Print/Type)	- もかくひてひょくがくょく はんとい しょっかんさんりょう	Registration No. (AttomeylAgent)	Telephone	858-538-6600		
Signature	Kathleen ann Tucke	Date	02/03/02			

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